MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10835 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Caroline Maryland the s Caroline 24 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Preston - Rural c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Page Life Preston - Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Near Jonestown Near Jonestown YES NO efely executed within pou 3. NAME OF First Middle DATE Month Last DECEASED comple ve carb event, WILLIAM WESLEY BUTLER (Type or print) DEATH August 19 67 6. COLOR OR RACE | 7. MARRIED 5. SFX 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. етойе NEVER MARRIED Male and Negro About 1882 WIDOWED X DIVORCED [10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRT HPLACE (County & State, or foreign country) physician pe COUNTRY? Caroline Co., Maryland Day Laborer Custodial Work USA death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 5 (Yes, no. or unkown) \ (If yes give war or dates of service) 218-01-4389 Walter J. Butler, Preston, Md., RFD 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH requires that the PART I. DEATH WAS CAUSED BY: Metastatic Carcinonmatois 9mag signed burial-ti burial, DUF TO 18mos Carcinoma of the rectum and Bladder Cenditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p PERFORMED? The certificate Hypertensive congestive cardiorenal Disease NO V YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this cerum detached for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of Item 18.) 20c. TIME OF INJURY Month, Day, Year I 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) OIRECTOR: After tage 3 should be defiled with the State Hour a.m. While Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from 5/28 19.67. that (I) (we) last and that death occurred at 0:20 m. from the causes and on the date stated above. saw the deceased alive on. 19 22a SIGNATURE 22b. DATE SIGNED filed STAFF PHYS. DIRECTOR T M.D. HOSPITAL TO FUNERAL 22c. PHYSICIAN'S ADDRESS director, p should be 1 Harold B.Plummer M.D NAME (Type) Preston Maryland BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Aug. 15.1967 Mt. Pleasant Cemetery Near Preston, Maryland FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Maryland DATE AUG 18 VR AI5 (4) rampt and/ deralshura 20M 1/65

and Level The therefore the control of the terms. . No. . To leave the Branch of William Co. 1911-192-19. the term property and the second to the seco A distribution garden de la constitue de la co

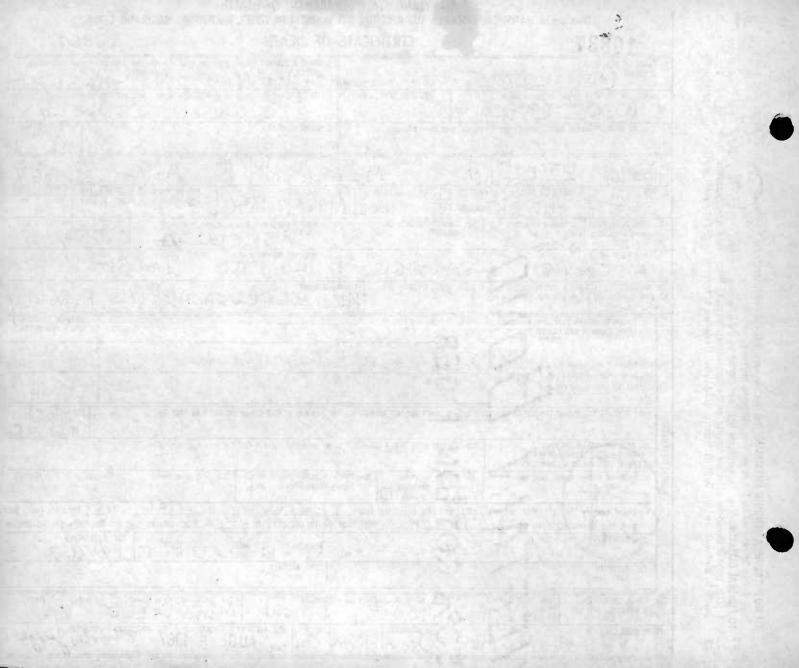
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10836 10836 CERTIFICATE OF DEATH 24 hours after death. funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Careline Maryland Careline MARYLAND by the ... b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn)

RURAL GOIDSDOY c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) earban papers. Pagent, within 72 hours Rural Goldsbore Life = d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within 72 filled i None None NO T YES The law requires that the death certificate be executed within 3. NAME OF Middle 4. DATE Last Month Day Year campletely DECEASED Carrie Pearl Groce August 18 67 (Type or print) DEATH 19 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH remave birthdoy) Months Hours 3-22-1882 Female Negre and in any WIDOWED DIVORCED pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife please INDUSTRY COUNTRY? Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar remaval, en Thomas Hemsley Susan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Freepert, L.I. (Yes, no, or unknown) (If yes give wor or dotes of service Thomas Warner No 218-20-4314 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Cerebral Hemorrhage IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave Arteries clerotic C. V. Dis. rise to immediate couse (a), DUE TO stating the underlying couse priar ta lost. 0.5 has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg. et 21. I certify that (I) (this haspital) attended the deceased from 19 2 , 1 saw the deceased glive an 19 67, and that death accurred at Aug.18 19 67, that (I) (we) last filed with the DIRECTOR: saw the deceased alive an M. fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. 8/21/67 directar, page shauld be filed PHYS. PHYSICIAN'S 22d. ADDRESS TO FUNERAL Charles NAME (Type) H. Stonesifer, M.D. Greensboro. Md. 21639 shauld 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) Geldsbere, Md.

TRAR | 25b. REGISTRAR'S SIGNATURE 8-23-67 Leckerman Cemetery 24. FUN RAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Greensbore, Md. 1967

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-1	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
2		10837	CERTIFICATE	OF DEATH	I C	837
24 hours ofter death, ed in by the funeral ppers Rages 1 and 2 172 hours ofter death		PLACE OF DEATH o. COUNTY CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	2. USUAL RESIDENCE (Where deceded on STATION OF TOWN (If ourside corpore)	b. COUNTY CR	HO LINE
filled in papers thin 72400		d. NAME OF HOSPITAL OR INSTITUTION (IF not in	hospital give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
ATTENDING PHYSICIAN: The law requires that the deoth certificote be executed within etoined by the hospital or ottending physicion. CTOR: After this certificote has been signed by the attending physician and completely fille should be detached for use os the burial-transit permit. Then pleose remove carbon point the Stote Dept. of Health prior to burial, cremotion, or removal, and in any event, within		NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED B.	Lost 4. DATE OF DEATH		Doy Year 7 19 6 7
d com move any ev		FWV	VIDOWED DIVORCED	113411 1896	dast birthdoy) Months	Doys Hours Min.
cian and eose rem ond in an		. USUAL OCCUPATION (Give kind of work done ing most of working life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or f	oreign country) 12. CITI	IZEN OF WHAT
g physician of then please moval, and it	1	FATHER'S NAME RICHARD	SAVAGE	14. MOTHER'S MAIDEN NAME	MALSH	
attending permit. The lon, or remo		WAS DECEASED EVER IN U.S. ARMED FORCES? a nd, acunknown) (If yes give wor or dotes of ser	vice) 16. SOCIAL SECURITY NO. 17. IN	S EUGENIA	A AD KINS,	REDGELY
icton. d by the a I-transit pe I, cremotio		IB. CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (o), (b), and (c).) Mysungil in	cation		ONSET AND DEATH
pnys signe buria burio		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. DUE TO (b) DUE TO (c)	aleior cluste	Gent Direc	n	YEND
for use os the little and the little	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
certitico ned for t. of He	L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Port I or Po	rt II of item 1B.)	
be detached Stote Dept. of	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		OF INJURY (Home, form, ry, street, office bldg., etc.)	(City or town) (Cou	unty) (Stote)
OR: Affer ould be 1 the Stot		21. I certify that (I) (this haspite saw the deceased alive an	l) attended the deceased fram_7	death accurred at 430 g	M, from causes and an th	
director, page 3 should should be filed with the		220. SIGNATURE Phlys 22c. PHYSICIAN'S	Pelipe M.D.	ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS	STAFF 22b. DA	ATE SIGNED 4/67
Page 4 may be refouned by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	00	NAME (Type)	F Log WANT OF STUTYOUT		OCATION (Cit	(C)
direc shou	239	REMOVAL (Specify) Aug-6,1	967 MODEST	TOWN MI	APS VOLLE	(Stote)
A15 (4)	24	FUNERAL DIRECTOR MOD	REDIENTOA	250. REC'D BY REGIST	8 1967 REGISTRAD'S SI	res Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10838 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. COUNTY a. STAWaryland b. COUNTY Caroline Caroline MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and giva nearest town) Rural Denton Rural Denton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? be retained YES NO Y NAME OF First Middle 4. DATE Month Dey Year DECEASED (Type or print) Tallman DEATH 19 67 Harry Laerov Aug with 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 2 with lest birthday) Months WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Steta or foraign country) 12. CITIZEN OF WHAT COUNTRY? Pages 1, done during most of working life, eyen if retired) USA Salvage Conn. Refuse trucker PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give unknown unknown e should be executed within 2 ing." in pencil in Item 18. Give x's Office along with form P. s a burial-transit permit. File F. event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no. or unkown) | (If yes give wer or dates of service) Nettie Tallman, Denton, Md. no 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c). INTERVAL BETWEEN .5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) certificate should be DUE TO Conditions, if any, which (b) writing the word "pending" Chief Medical Examiner's C geve rise to immediate cause DUE TO (e), steting the underlying 98 causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED 99 plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, ferm, Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., atc.) While Not While Hour a.m. et work et work 라 는 H 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry and in my opinion should be forwarded the Triffic Should be forwarded to FUNERAL DIRECT designated agent, Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typs) 22c. NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMQVAL (Specify) Aug.151967 Burial Denton Denton, Md. 5 040 ADDRESS 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR

Moore, Denton, Md.

VS. A15ME 5M 7/59

网络克里拉河口 法定法 为现代的第三人称单数形式 从文章 无关的 reactive designed, wenton, te. nounce Town Town AUG 2 1 1987 Johnson Combander . Line Dollar Toll Line Tiller

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

10839

o. COUNTCaroline Maryland	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) o. STATE Lary land Carol (SUNY)
b. CITY OR TOWN (If outside corporate limits, c. LENGTH O	OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Riagely, Ma (Near millsboro) Life	Ridgely, Maryland (Near Hillsboro)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street odd)	
None	R.F.D.# 1
3. NAME OF First Mice Otha (Type or print) Willie Otha	Iddle Lost 4. DATE Month Doy Year OF August 24, 1967 19
Warma la Magnesa	MARRIED 8. DATE OF BIRTH 9. AGE (In yeors IFUNDER 1 YEAR IF UNDER 24 HR DIVORCED June 5,1904. 9. AGE (In yeors Min. Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KINO OF BUSINES UNDUSTRY	113.
13. FATHER'S NAME Willie Byrd	14. MOTHER'S MAIDEN NAME Georgia Anne (last name not known)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 214-32-54	TY NO. 17. INFORMANT Address 452 Isacc Thomas (Husband) same as above
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (PART I. DEATH WAS CAUSED BY:	(c).) INTERVAL BETWEEN ONSET AND DEATH
4100	nem
Conditions, if ony, which gove nse to immediate couse (a),	luster Heart Disease t
stoting the underlying couse lost. (c)	Fibiliation
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)
2Dc. TIME OF INJURY Month, Ooy, Yeor Hour o.m. p.m. 19 2Dd. INJURY OCCURRI While of work of work	ile foctory, street, office bldg., etc.)
21. I certify that (I) (this hospital) oftended the dec saw the deceased alive an 8/24/62 19	
220. SIGNATURE Off Belipe	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIRE
22c. PHYSICIAN'S NAME (Type) PHILIP P. FELIPE	105 Gay Street, Denton, Maryland
PEMOVAL /Specify)	OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Traville Cemetery Centreville, Kent Md.
24. FUNERAL DIRECTOR ADDR	RESS 250. REC'D BY REGISTRAR OF 75b. REGISTRAR'S SIGNATURE.
Charles W.Hill.Mortician. Dento	on. Md

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospitol or attending physician.

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